

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist:

d. Eyeglasses:

The Department will pay for vision services and supplies. One eye exam by physicians and/or optometrists is allowed during any twelve (12) month period. Lenses will be provided when there is documentation that the correction needed is equal to or greater than plus or minus one-half (.50) diopters of correction.

Limitations: Polycarbonate lenses will be purchased only when it is documented that the prescription is above plus or minus two (2.00) diopters of correction. Payment for tinted lenses will only be made when there is a diagnosis of albinism or in the case of extreme medical conditions as determined by the Department. Contact lenses will be covered only when documentation of an extreme myopic condition requiring a correction equal or greater than minus four (-4) diopters, cataract surgery, keratoconus, or other extreme medical condition preclude the use of conventional lenses.

Replacement lenses will be purchased only when there is documentation of a major visual change of at least one-half (.50) diopter plus or minus. One (1) set of frames will be purchased by the Department not more often than once every four (4) years for individuals over the age of twenty-one (21), except when documented by the physician and/or optometrist that there has been a major change in visual acuity that cannot be accommodated in the existing frames. Broken, lost, or missing glasses will not be repaired or replaced by the Department for individuals over the age of twenty-one (21).

TN # 97-008

Supersedes:

TN # 93-020

Approval Date: _____

Effective Date: _____

Attachment 3.1A Program Description

State Idaho

- 13.b. Mammography Services. Idaho Medicaid will cover screening mammographies performed with certified mammography equipment and staff. Screening mammographies will be limited to one (1) per calendar year for women who are forty (40) or more years of age.

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Supersedes 0

Approval Date 6/6/97
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13. d. Rehabilitative services are the core medical rehabilitative services to be provided on a statewide basis by:

- 1) a) Facilities which have entered into a provider agreement with the Department and are licensed as Developmental Disability Agencies (DDA's) by the Division of Family and Community Services, Bureau of Developmental Disabilities. Services provided by DDA's are outlined in the Idaho Medical Assistance Manual under Section 03.09120.
- b) Independent School Districts which have entered into a provider agreement with the Department. Services provided by Independent School Districts are outlined in the Idaho Medical Assistance Manual under Section 03.09560 through 03.09577.

These sections include the limitations of services for evaluation and treatment hours and excluded services. They are:

- i. Evaluation and diagnostic services are limited to twelve (12) hours in any calendar year.
- ii. Psychotherapy services are limited to a maximum of forty-five (45) hours per calendar year.
- iii. Speech and hearing services are limited to two hundred and fifty (250) treatment sessions per calendar year.
- iv. Physical therapy services are limited to one hundred (100) treatment sessions per calendar year.
- v. Developmental and occupational therapy services are limited to thirty (30) hours per week.
- vi. Individual Education Plan (IEP) Plan development services (Independent School District providers only) are limited to one (1) per year.
- (Pen & Ink change) → vii. Excluded services are:
 - (a) Vocational services;
 - (b) Educational services;

(c) Recreational services.

- 2) Psychosocial Rehabilitation (PSR) services provided through the State Mental Health Authority in each region. These services are outlined in the Idaho Medical Assistance Manual under Section 03.09450-03.09457. This section includes the limitations and excluded services.
 - a) Limitations unless otherwise authorized by the Division of Family and Community Services are:
 - i. A combination of any evaluation or diagnostic services is limited to a maximum of six (6) hours in a calendar year.
 - ii. Individual, family and group psychotherapy services are limited to a maximum of twenty-four (24) hours in a calendar year.
 - iii. Community crisis support services are limited to a maximum of five (5) consecutive days and must receive prior authorization from the Division of Family and Community Services.
 - iv. Individual and group psychosocial rehabilitation services are limited to twenty hours (20) per week and must receive prior authorization from the Division of Family and Community Services. Services in excess of twenty (20) hours require additional review and prior authorization by the Division.
 - b) Excluded services:
 - i. Treatment services rendered to recipients residing in inpatient medical facilities including nursing facilities or hospitals.
 - ii. Recreational therapy, which includes activities which are primarily social or recreational in nature.
 - iii. Job-specific interventions, job training and job placement services which includes helping the

- recipient develop a resume, applying for a job, and job training or coaching.
- iv. Staff performance of household tasks and chores.
 - v. Client staffing within the same PSR agency.
 - vi. Services for the treatment of other individuals, such as family members.
 - vii. Any other services not listed in 03.09452.

Attachment 3.1A Program Descriptions

14. a. Not provided.

b. Skilled care facility services for individuals age 65 or older in institutions for mental diseases include services provided under the direction of a physician for the care of recipients who do not require hospital care, but whose mental or physical condition requires services that are above the level of both room and board and can be made available only through institutional facilities.

c. Intermediate care facility services for individuals age 65 or older in institutions for mental diseases include services provided under the direction of a physician for the care and treatment of recipients who do not require hospital or skilled nursing care, but whose mental or physical condition requires services that are above the level of both room and board and can be made available only through institutional facilities.

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Intermediate care services including such services in a public institution for the mentally retarded or persons with related conditions must have prior authorization before payment is made. Such prior authorization is initiated by the eligibility examiner who secures consultation from the periodic medical review team through the nurse consultant for a medical decision as to eligibility for intermediate care services and authorization of payment.

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COMMENTS <u>Item 15 revised</u>	

STATE IDAHO

Attachment 3.1-A Program Descriptions

16. Inpatient psychiatric facility services for individuals under 22 years of age are subject to the following limitations:

Services provided must meet the State's medical necessity criteria and be provided in a JCAHO accredited hospital.

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17. Certified Nurse-Midwife Services

Those services provided by certified nurse midwives as defined by state and federal law. This coverage has the same exclusions as listed in Attachment 3.1A Program Description 5a. Physician Services.

92-3

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4/28/92
3/1/92

18. Hospice Care

The Idaho Department of Health and Welfare provides hospice services for terminally ill Medicaid recipients. In order to participate, hospices must be Medicare certified.

A. Limitations. The following limitations are contained in the State's hospice

- (1) Benefit Days. The Idaho Medicaid hospice program provides for eight benefit periods which coincide with each recipient's monthly eligibility recertifications. A recipient is provided up to eight calendar months of hospice care. The benefit period starts on the first day of the month in which hospice was elected and hospice is automatically renewed until the date of the recipient's death, revocation, or failure to meet monthly eligibility requirements. The recipient will have at least 210 hospice days available.
- (2) Respite Days. Respite days are limited to five days per benefit period (calendar month).

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